

CITY OF HAZARD
OCCUPATIONAL LICENSE FEE RETURN

Received Time Nov. 26, 10:14AM

20

FEDERAL ID #

OR
FISCAL YEAR ENDED

MO.	DAY	YR.

HAZARD LICENSE #

1. Nature of Business _____
2. If Organization was Discontinued, state when _____
☐ Dissolution ☐ or Sale
if by Sale, give Name and Address of Successor _____
3. Did you have any employees in the current year? _____
4. Has Hazard License Fee Been Withheld from all Subject Employees, Employees, and Remitted Quarterly in accordance with the Regulations?
☐ Yes ☐ No, if answer is "No" explain: _____
5. Check which: ☐ Partnership ☐ Corporation ☐ Fiduciary ☐ Individual Owner ☐ Other _____
6. Basis on which this Return is Prepared -
☐ Cash ☐ Accrual
7. Have Federal Authorities changed the Net Income as originally reported for any prior year?
☐ Yes ☐ No
If answer is "Yes" attach Schedule of Changes for each year.
8. List additional Place of Business if included in this return _____

SCHEDULE A

1. Total Income per Federal Return Form 1040 1041 1065 1120 \$ _____
2. Total deductions per Federal Return Form _____
3. Net Income per Federal Return _____
4. Add Items not deductible (Schedule B) _____
5. Total (Line 3 plus Line 4) _____
6. Deduct Item not Subject (Schedule B) _____
7. ADJUSTED NET INCOME (Line 5 less Line 6) \$ _____
8. Enter here Average Percentage allocable to Hazard (Schedule C, Line 4) _____ %
9. Net Profit subject to Hazard License Fee (Line 7 X Line 8) _____
10. Hazard license fee due, 1.25% (.0125) of amount on Line 9 up to \$60,000 plus .50% (.005) of amount on Line 9 above \$60,000 _____
11. Minimum license fee (including loss returns) 50.00
12. Enter greater of Line 10 or Line 11 _____
13. Add: Interest - 1/2 of 1% per month or portion of month (.005) _____
14. Add: Penalty - 10% of license fee _____
15. Less: Credits _____ Estimates _____
16. BALANCE DUE (Sum of Lines 12 through 15) PAY THIS AMOUNT \$ _____

NOTE: ADD AND OR DEDUCT ONLY ITEMS WHICH ARE INCLUDED IN CALCULATING NET INCOME PER FEDERAL RETURN

- | | |
|--|---|
| A. State or Local taxes based on income \$ _____ | H. Interest on Corporate Bonds \$ _____ |
| B. License Fee Under this Ordinance _____ | I. Interest on U.S. Government Securities _____ |
| C. Capital Loss _____ | J. Royalties on Patents, Copyrights _____ |
| D. Net Operating Loss Deduction _____ | K. Dividends _____ |
| E. Partner's Salaries (attach schedule) _____ | L. Capital Gain _____ |
| F. Other Items (list) _____ | M. Other Items (list) _____ |
| G. TOTAL ADDITIONS (enter on Line 4) \$ _____ | N. TOTAL DEDUCTIONS (enter on Line 6) \$ _____ |

SCHEDULE B

Business Allocation Percentage: DIVIDENDS COL. A COL. B COL. C

	COL. A CITY OF HAZARD	COL. B TOTAL FACTOR	COL. C PERCENTAGE
1. BUSINESS RECEIPTS/SALES			%
2. TOTAL WAGES, SALARIES AND OTHER PERSONAL SERVICE COMPENSATION			%
3. TOTAL PERCENTS			%
4. AVERAGE PERCENTAGE (Line 3 Divided by number of percents)		Enter on Line 8	%

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

RETURN MUST BE SIGNED

Signature of Individual Preparing Return

Date

Signature of Taxpayer

Date

MAKE CHECK PAYABLE TO OCCUPATIONAL TAX ADMINISTRATOR, CITY OF HAZARD, KENTUCKY

Mail To: City of Hazard
License Fee Division
P.O. Box 420
Hazard, Kentucky 41702-0420